

BUILDING PERMIT

Office Use Only

Section	Block	Lot	Village of Cedarhurst	School Dist. #15	Permit No. _____ Date _____ Date Zoned As _____ Village of Cedarhurst
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Location of Building	H.E.S.W. Side of		Feet N.E.S.W. of	
	or Corner of		and	

Number and Street Address of Property	Owner or Lessee	____ Owner ____ Lessee Name
Post Office Cedarhurst, New York		Street Address
Zip 11516		R 0.
Telephone # _____ Owner ____ Lessee _____		Zip

Type of Improvement	Residential _____	Industrial _____	New Building _____	Alteration _____
	Commercial _____	Other _____	Replacement _____	Addition _____
	Plumbing _____	Swim. Pool _____	Demolition _____	Relocation _____
	Central Air _____			

Selected Characteristics of Building	Principle Type of Construction		Residential Only	<u>New Plumbing Fixt.</u>
	Wood Frame _____	BSMT _____	# of New Bathrooms _____	Number of:
	Masonry _____	Slab _____	BSMT Finish _____	Lavatories _____
			Attic Finish _____	Water Clos. _____

Estimated Cost: of Improvement	Principle Type of Htg. and / or Central Air Condit.		Comm. / Industr. Only	Bath Tub _____
	Gas _____	Electricity _____	New Construction or Addition must include site plan	Stall Show. _____
	oil _____	Coal _____	Sprinkler Sys. _____	Kit. Sinks _____
	Other _____	Central Air _____	Elevator _____	Laundry Tub _____

DESCRIPTION OF IMPROVEMENT AND ESTIMATED COST:

FIELD REPORT:

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DATE OF GRANTING PERMIT \_\_\_\_\_

NOTE: SEPARATE APPLICATION SHALL  
BE MADE FOR EACH BUILDING

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Address of Owner